ALL INFORMATION IS <u>REQUIRED</u> TO BE PROVIDED UNLESS INDICATED OPTIONAL APPLICATION FOR A PLACE ON THE May 5th, 2018

APPLICATION FOR A PLACE	ON TH	1E	iviay ou	1, 2010		GENER	AL ELECTI	ON BALLOT	
TO: City Secretary/Secretary of Board						_			
I request that my name be placed on the	above-	named of	ficial ballot as	a candidate	for the office indi	cated helo	w.		
							CATE TERM		
						X	FULL		
Cedar Park City Council,	Place	2				*	UNEXPIRED		
FULL NAME (First, Middle, Last)					PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT ¹				
Melville Marshall Kirkland, Jr					Mel Kirkland				
PERMANENT RESIDENCE ADDRESS (Do not include a P.O. Box or Rural Route. If you do not have a residence address, describe the address				PUBLIC MAILING ADDRESS (Campaign mailing address, if available.)					
at which you receive personal mail and le									
, ca			,						
103 Wigeon Cove									
CITY	STATE		P CITY			STATE	ZIP		
Cedar Park	T	x	78613						
			ON (Do not lea	ua blank)	DATE OF BIRTH		VOTED DE	GISTRATION VUID	
PUBLIC EMAIL ADDRESS (If available)	"	CCUPATIC	(Do not lea	ive blank)	DATE OF BIRTH		NUMBER	(Optional) 2	
mel4cedarpark@gmail.com		Proje	ct Consulta	nt 11 / 3		/ 1963	1137438435		
TELEPHONE CONTACT INFORMATION (C				LENGTH OF CONTINUOUS RESIDENCE AS OF D					
Home: Work:			IN STATE IN TE			RRITORY FROM WHICH THE			
							FFICE SOUGHT IS ELECTED ³		
							12_ year (s)		
Cell: 540,000,7700									
512-809-7700			6_ month(s)				6_ month(s)		
If using a nickname as part of your name that my nickname does not constitute a									
commonly known by this nickname for a					onomic, social, or	religious v	iew or airii	ation. Thave been	
					Malical			2000 p. 200	
Before me, the undersigned authority, on this day personally appeared				(name) Mel Kirkland			, who being by me		
here and now duly sworn, upon oath say	'S:								
"I, (name) Mel Kirklaı	me) Mel Kirkland , of					Williamson			
candidate for the office of		ncil, Place 2					fend the Co	y, Texas, being a onstitution and laws	
of the United States and of the State of					N=1				
this state. I have not been finally convict official action. I have not been determin									
partially mentally incapacitated without								iny incapacitated of	
					1				
I further swear that the foregoing statem	ents ind	cluded in r	ny application	are in all th	ings true and corr	ect.")		
			V	h	1 / //				
			Λ		UK				
	Man	ew.		1014	SIGNATURE C		ATE		
Sworn to and subscribed before me at N	MIMIL	1041	this the _	day	of KENNUNY	018	IIII.	V SEAL RIA BARKER	
1/4/1/11 Daly		223/	Maria	0.11	'	1	Nota	ry Public, State of Text	
Mumanu			NOTE	MWD	ic state c	+ 11	My My	Commission Expires	
Signature of Officer Administering Oath ⁴				Officer Adn	ninistering Oath	Thing.	min's	May 28, 2018	
TO BE COMPLETED BY CITY SECRETARY O	R SECRE	- /	1 0		Volum-	m	10		
(See Section 1.007)	D.	ate Receiv	7	_ (Signature of Secre	tary			
Voter Registration Status Verified	D	are mecely	cu	9	Signature or secre	cai y		11 O EER 17 AN	